

UNITED STATES DISTRICT COURT
for the
Southern District of New York

Plaintiff

v.

National Institutes of Health

Defendant

Signature of Clerk or Deputy Clerk

FOIA Summons (12/11) (Page 2)

Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) National Institutes of Health
 was received by me on (date) May 8th, 2023.

▫ I personally served the summons on the individual at (place) _____
 on (date) _____; or

▫ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

▫ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 on (date) _____; or


▫ I returned the summons unexecuted because _____; or

▫ Other (specify): I served a copy of the summons and complaint on National Institutes of Health via certified mail on May 8th, 2023. The United States Postal Service confirms delivery on May 12th, 2023. See Attached.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date:

5/18/23


Server's signature

Stanley Mah

Printed name and title



55 Avenue of the Americas, 13th Floor NY NY 10013
 Server's address

Additional information regarding attempted service, etc: Additional Copies were sent via certified mail on April 20th, 2023 to:

Merrick B. Garland
United States Attorney General
United States Department of Justice
950 Pennsylvania Avenue, NW
Washington D.C. 20530-0007

Civil Clerk
Civil Division
United States Attorney's Office
86 Chambers Street, 3rd Floor
New York, NY 10007

The United States Postal Service confirms delivery on May 1st, 2023 and April 25th, 2023 respectively.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) <u>S. Marshall</u> C. Date of Delivery <u>4/23/2</u></p>	
<p>1. Article Addressed to:</p> <p>Attn: Civil Clerk Civil Division U.S. Attorney's Office 86 Chambers Street 3rd Floor New York, NY 10007</p>  <p>9590 9403 0108 5077 2881 99</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>National Institute of Health 9000 Rockville Pike Bethesda, MD 20892</p> <p>2. Article Number (Transfer from service label)</p> <p>7021 2720 0003 0394 1836</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>C. Carson</i></p> <p>B. Received by (Printed Name) <i>C. Carson</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Registered Mail</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

9590 9402 1419 5329 6195 81

Domestic Return Receipt

USPS TRACKING#	
<p>CAPITAL DISTRICT 208</p> <p>9590 9402 1419 5329 6195 81</p>	<p>First-Class Mail</p> <p>Postage & Fees Paid</p> <p>USPS</p> <p>Permit No. G-10</p>
<p>United States Postal Service</p>	<p>° Sender: Please print your name, address, and ZIP+4° in this box°</p> <p>Pro Publica</p> <p>155 Avenue of the Americas</p> <p>13th Floor</p> <p>New York NY 10013</p>

7015 3010 0000 2587 1486

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
Washington, DC 20531	
Certified Mail Fee \$4.15	0058 19
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$0.00	
<input checked="" type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$1.74	Postmark Here
Total Postage and Fees \$9.24	04/20/2023
Sent To Merrick B. Garland U.S. Attorney General US Dept of Justice Street and Apt. No., or PO Box No. 950 Pennsylvania Avenue, N.W. City, State, ZIP+4® Washington, DC 20530-0001	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7015 3010 0000 2587 1479

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
New York, NY 10007	
Certified Mail Fee \$4.15	0058 19
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$0.00	
<input checked="" type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$1.74	Postmark Here
Total Postage and Fees \$9.24	04/20/2023
Sent To Civil Clerk Civil Division U.S. Attorney's Office Street and Apt. No., or PO Box No. 86 Chambers Street, 3rd Floor City, State, ZIP+4® New York, NY 10007	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7015 3010 0000 2587 1493

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
Bethesda, MD 20892	
Certified Mail Fee \$4.15	0058 19
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$0.00	
<input checked="" type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$1.74	Postmark Here
Total Postage and Fees \$9.24	04/20/2023
Sent To National Institutes of Health Street and Apt. No., or PO Box No. 9000 Rockville Pike City, State, ZIP+4® Bethesda MD 20892	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

Tracking Number:

Remove X

70153010000025871486

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Your item was picked up at a postal facility at 5:01 am on May 1, 2023 in WASHINGTON, DC 20530.

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Delivered

Delivered, Individual Picked Up at Postal Facility

WASHINGTON, DC 20530

May 1, 2023, 5:01 am

Available for Pickup

GOVERNMENT MAILS ANNEX

3300 V ST

WASHINGTON DC 20018-1528

April 29, 2023, 10:49 am

Available for Pickup

GOVERNMENT MAILS ANNEX

3300 V ST

WASHINGTON DC 20018-1528

April 29, 2023, 10:43 am

Arrived at Post Office

WASHINGTON, DC 20018

April 29, 2023, 8:09 am

In Transit to Next Facility

Feedback

April 28, 2023

Arrived at USPS Regional Destination Facility

WASHINGTON DC DISTRIBUTION CENTER

April 25, 2023, 12:05 pm

USPS in possession of item

NEW YORK, NY 10014

April 20, 2023, 3:27 pm

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FAQs